PRE-APPLICATION FOR ALLIED HEALTH PROFESSIONS LICENSE/PERMIT

No practice is permitted prior to issuance of a license/permit number.

Applicants are advised not to enter irrevocable contracts, purchase or sales agreements, on the assumption that licensure/permit will be granted.

PROFESSION (C	Circle One):
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ATHLETIC TR ATHLETIC TR (NEW GRAD)		DIETITIAN-PERMANEN DIETITIAN-PROVISIONA (NEW GRAD)		OT-PERM OTA-PERM OT/OTA-TEMP (NEW GRAD)	RPSG TECH TRAINEE	RT-PERM RT-TEMP (NEW GRAD)		
	ANTICIPATE	D PRACTICE LOCATION	V	ANTICIPATED START DATE				
	ast	First	Mi	iddle	Ph	one		
ADDRESSStreet								
-			Sta	e Zip Code		Code		
PROFESSIONAL EDUCATION (name of school & state) Licensure/Registration, Other States:								
List Status - Active (A), Inactive (I), Cancelled (C)								
EXAMINATION INFORMATION (Circle One)								
	ic Training : Yes No	RD®: Yes	<u>s</u> No					
<u>Оссира.</u> ОТК®: СОТА®:			<u>erap</u> No Io		<u>Polysomnography</u> RPSGT®: Yes No			
U.S.	ONAL SCHOOL: Accredited By (Initials) Wal	OFFICE USE	E ON	<u>SEND:</u> Applico Summa Rules 8	rtion ry & Regs			

Fax: 208-327-7005